

UCC FINANCING STATEMENT**FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT FILER (optional) THOMAS-JAMES: BROWN-BRY (248)385-7250	
B. E-MAIL CONTACT AT FILER (optional) KINGTBROWN@YABOO.COM	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) THOMAS JAMES BROWN TRUST 15216 CARLISLE DETROIT, MI 48205 US	

Delaware Department of State
U.C.C. Filing Section
Filed: 10:40 AM 05/10/2019
U.C.C. Initial Filing No: 2019 3234700

Service Request No: 20193747436

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME INTERNAL REVENUE SERVICE			
OR			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1111 CONSTITUTION AVE. N.W.		CITY WASHINGTON	STATE DC
		POSTAL CODE 20224	COUNTRY US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME POLICE & FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT			
OR			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 500 WOODWARD AVE., STE. 3000		CITY DETROIT	STATE MI
		POSTAL CODE 48226	COUNTRY US

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME THOMAS JAMES BROWN TRUST			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 15216 CARLISLE		CITY DETROIT	STATE MI
		POSTAL CODE 48205	COUNTRY US

4. COLLATERAL: This financing statement covers the following collateral:

THIS IS ACTUAL AND CONSTRUCTIVE NOTICE: The following Debtors DAVID CETLINSKI, KELLY TAPPER, CASSANDRA CHILDRESS, LISA PATTERSON, ANGELA DAVIS, G.J. CARTER-LOUIS [USPS Tracking Number(s): 70180680000120909021, 70180680000120909014] are Transmitting Utilities utilized in commerce for the benefit of the Secured Party. The Secured party is a 3-dimensional living soul, flesh and blood Melaninite Male/Man Who is Autochthonous, Indigenous and Descendant of the original peoples of: Turtle Island, Muu-Lan, Altan, Amexem, Land of the Frogs [MISNOMER: North America]. The Secured Party Secures All Rights, Titles Interests to All Collateral as received by Corporate / Government Registries, related Corporations and Pledge represented by the same but not limited to: Pignus, Hypotheica, Hereditaments, res and The Energy and the ALL CAPS names of Debtors/Transmitting Utilities as well as any and all derivatives and variations of an all capitals name. Secured Party Accepts for Value, Honor & Consideration ALL endorsements front and back of ALL Adhesions contracts, trusts and instruments attributed to the debtors (UCC 3-401). This Lien is NOT dischargeable in Bankruptcy Court. ALL amendments to this filing will be by: the Red Wet Ink Signature of the Secured party in accord with Commercial Security Agreement - 7018 0680 0001 2090 9014, 7018 0680 0001 2090 9021. Third-Party Intervenorers are hereby BARRED from involvement with this transaction.

5. Check <u>only</u> if applicable and check <u>only</u> one box. Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input checked="" type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input checked="" type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS**

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME
INTERNAL REVENUE SERVICE

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

CETLINSKI

INDIVIDUAL'S FIRST PERSONAL NAME

DAVID

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

500 WOODWARD AVE., STE. 3000

CITY

DETROIT

STATE

MI

POSTAL CODE

48226

COUNTRY

US

11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

BROWN-BEY

FIRST PERSONAL NAME

THOMAS-JAMES

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

C/O [15216] CARLISLE, NON-DOMESTIC WITHOUT US, ZIP EXEM

CITY

DETROIT

STATE

MI

POSTAL CODE

48205-9998

COUNTRY

US

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate

17. MISCELLANEOUS:

REF:USPS RF162221089US, RF162221092US, 70171450000103578745, 70150640000033170612, 70151730000085931284, RE118290306US

UCC FINANCING STATEMENT ADDITIONAL PARTY**FOLLOW INSTRUCTIONS**

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, if line 1b was left blank because individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME
INTERNAL REVENUE SERVICE

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

TAPPER

KELLY

19c. MAILING ADDRESS

500 WOODWARD AVE., STE. 3000

CITY

DETROIT

STATE

MI

POSTAL CODE

48226

COUNTRY

US

20. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

CHILDRESS

CASSANDRA

20c. MAILING ADDRESS

500 WOODWARD AVE., STE. 3000

CITY

DETROIT

STATE

MI

POSTAL CODE

48226

COUNTRY

US

21. ADDITIONAL DEBTOR'S NAME Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

PATTERSON

LISA

21c. MAILING ADDRESS

1270 PONTIAC ROAD

CITY

PONTIAC

STATE

MI

POSTAL CODE

48340

COUNTRY

US

22. ☐ ADDITIONAL SECURED PARTY'S NAME or **☐ ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or **☐ ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

REF:USPS RFI62221089US, RFI62221092US, 70171450000103678745, 70150640000033170612, 70151730000085931284, RK1182903060US

UCC FINANCING STATEMENT ADDITIONAL PARTY**FOLLOW INSTRUCTIONS**

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement. If line 1b was left blank because Individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME

INTERNAL REVENUE SERVICE

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

DAVIS

ANGELA

19c. MAILING ADDRESS

1270 PONTIAC ROAD

CITY

PONTIAC

STATE

MI

POSTAL CODE

48340

COUNTRY

US

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

CATER-LOUIS

G.J.

20c. MAILING ADDRESS

1270 PONTIAC ROAD

CITY

PONTIAC

STATE

MI

POSTAL CODE

48340

COUNTRY

US

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

REF:USPS RFL62221089US, RFL62221092US, 70171450000103678745, 70150640000033170612, 70151730000085931284, RE118290306US



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8042901

THOMAS JAMES BROWN TRUST
15216 CARLISLE
DETROIT, MI 48205

05-10-2019

ATTN: THOMAS-JAMES: BROWN-BEY

DESCRIPTION	AMOUNT
20193234700	
UCC1U Transmitting Utility	
UCC Filing Fee - Web	\$50.00
TOTAL CHARGES	\$50.00
TOTAL PAYMENTS	\$50.00
BALANCE	\$0.00

The following Debtor Names were indexed in the UCC Management System as a result of this filing :

INTERNAL REVENUE SERVICE

POLICE & FIRE RETIREMENT SYSTEM OF THE CITY OF DETROIT

CETLINSKI, DAVID

CATER-LOUIS, G.J.

CHILDRESS, CASSANDRA

PATTERSON, LISA

DAVIS, ANGELA

TAPPER, KELLY

Acknowledgement Message

Department of State: Division of Corporations

Allowable Characters:

HOME

About Agency
 Secretary's Letter
 Newsroom
 Contact Us
 Privacy Policy
 Terms of Use

SERVICES

Pay Taxes
 File UCC's
 Delaware Laws Online
 Name Reservation
 Entity Search
 States
 Validate Certificate
 Customer Service Survey

INFORMATION

Corporate Forms
 Corporate Fees
 Tax Forms and Fees
 Bank
 Extended Services
 Statement of Process
 Registered Agents
 Get Corporate Status
 Submitting a Request
 How to Form a New Business Entity
 Verifications, Apostilles & Authentication of Documents

Delaware E-UCC

Acknowledgement Message

PROCESSING. PLEASE WAIT. IF PROCESSING PLEASE WAIT
 APPEARS CLICK "PRINTABLE VERSION" BUTTON AGAIN.

The Transmitting Utility Filing has been completed and
 successfully filed.

UCC1 Filing Number: 20193234700

UCC1 File Number: 20193234700

Submission Date and Time: 05/10/2019 10:40 EST

An official file stamped copy of the UCC filing will automatically be
 emailed to the email address on record. If you want an additional
 copy emailed to a different email address click [Email PDF](#).

Printable Version
 New UCC Filing

Email PDF
 Exit

Customer Service Survey



Help us make your experience better.

Customer

Service

Survey

Please complete our [Customer Service Survey](#).

For help on a particular field click on the Field Tag to take you to the help area.

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9/9/2019

Payment Verification Notice for Amount of \$50.00 - Yahoo Mail

Case 2:20-mc-50804-LJM ECF No. 9-1, PageID.145 Filed 10/05/20 Page 7 of 7

Payment Verification Notice for Amount of \$50.00

Yahoo Mail/Inbox



DO_NOT_REPLY_DCIS@delaware.gov
To: kingtbrown@yahoo.com

May 10 at 10:40 AM

The payment has been authorized and accepted. Payment Type: ACH Amount: \$50.00 Authorization No: Remittance No: 1040297261 Account Number: *****0426